Onder the Paperwork Reduction	JII ACCUL 1995 II	o persons are requ	iled to re	spond to a conection	II OI BIIQI	IIIauuri uriicss	ii uispia	ys a valid Olvib Cortifor Hu	IIIDEI	
Effecti	Complete if Known									
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 1		10/573,890	73,890 Conf. N			
FEE TRANSMITTAL			Filing Date		March 29, 2	2006				
For FY 2009				First Named Inv	Kazutaka NAKAMOTO					
				Examiner Name		Patricia L. Morris				
Applicant claims small entity status. See 37 CFR 1.27				Art Unit	1625		· · · · · · · · · · · · · · · · · · ·			
TOTAL AMOUNT OF PAYM	MENT (\$)	T (\$) 180.00		Attorney Docket No.		3939-0118PUS1				
METHOD OF PAYMENT	(check all th	nat apply)			_,					
Check Credit C	Card Mo	oney Order	Non	e Other (1	olease id	entify):			_	
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name:										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
✔ Charge fee(s)	indicated belo	w		Charg	je fee(s)) indicated b	elow, e	xcept for the filing fee	e	
Charge any a	dditional fee(s)	or underpaymer	its of fee	e(s) Credit	t anv ov	· ·erpayments				
under 37 CFR WARNING: Information on this	1.16 and 1.17		card info		-			Provide credit card		
information and authorization		onio pubno. Ordan		ormanon sinoala ir	or be me	Jiddea oii iiii		Tovide ordan dara		
FEE CALCULATION										
1. BASIC FILING, SEAR	CH, AND EX	CAMINATION F	EES							
		FILING FEES Small Entity				MINATION				
Application Type		Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee	<u>Small I</u> (\$) Fee		Fees Paid (\$)		
Utility		165	540	270	220					
Design	220	110	100	50	140	0 70)			
Plant	220	110	330	165	170	, -				
Reissue	330	165	540	270	650					
Provisional		110	0	0		0 (
2. EXCESS CLAIM FEES							'	Small Entity		
Fee Description							e (\$)	Fee (\$)		
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)							52	26		
Multiple dependent cla		cluding Reissu	es)				220 390	110 195		
· ·				Paid (\$)			ependent Claims			
- 20 or HP =		χ		0.00			Fee (\$) Fee Paid (\$)			
HP = highest number of total	claims paid for, i							2.22.7.47		
	Extra Claims			Paid (\$)						
3 or HP = _ HP = highest number of indep		X		0.00						
3. APPLICATION SIZE F If the specification and	EE	-		or (ovoluding o	laatrar	rically, file	d account	naa or aammutar		
listings under 37 CF										
sheets or fraction the						i biilaii cii	119) 101	cuch additional 50		
<u>Total Sheets</u>	Extra Sheets	<u>Number</u>	of eacl	<u>n additional 50 o</u>	<u>r fracti</u>		Fee	(\$) Fee Paid (\$	3	
- 100 =	0	/ 50 =	0	(round up to a v	vhole nu	umber) x		= 0.00		
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid									<u>(\$)</u>	
Other (e.g., late filing surcharge): Information Disclosure Statement								180.00	—	
									\equiv	
SUBMITTED BY Signature	1. 7	1/1 11.0	,, F	Registration No. 3	22884		Telepho	one 703-205-8000		
(Attorney/Agent)									40	
Name (Print/Type)∣ John W. B	alley	\sim					Date	AUG 1 8 20	111	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.